

215037937  
60646

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 095	Agency Case No. B5-086393	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1					
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/17/2015		TIME OF ACCIDENT 1815	STATE USE ONLY						
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1816	09/18/2015						
B	85	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S 16th/Harwood - South			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE					
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION							
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
				93.00	X	South St					
V1/M	10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
F	1	DRIVER LICENSE NO. H12130500			STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N	2	DRIVER DOLORES O CASAMALHUAPA			PHONE 4022027558	LOCAL NO.					
V2/N	2	DRIVER ADDRESS 3039 W KYLE LN, LINCOLN, NE 68522			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/27/1962				
G	3	OWNER DOLORES O Casamaluapa			PHONE 4022027558	LOCAL NO.					
		OWNER ADDRESS 3039 W KYLIE LN, LINCOLN, NE 68522			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB479641				
H	5	LICENSE PLATE PA NO. RRG118	YEAR 2012	MAKE Toyota	MODEL RAV4	BODY STYLE Compact Utility	COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000			
V1/O	2	VEHICLE ID NO. (VIN)	JTMRF4DV8C5050736			INSURANCE COMPANY Progressive					
V2/O	2	TOWED TO	TOWED BY			POLICY NO. 16412892					
I	1	DRIVER LICENSE NO. G02123236			STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/P	1	DRIVER RITA J WESELY			PHONE 4024403821	LOCAL NO.					
V2/P	1	DRIVER ADDRESS 2341 S 19TH ST, LINCOLN, NE 68502			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	03/21/1956				
J	01	OWNER RITA J WESELY			PHONE 4024403821	LOCAL NO.					
		OWNER ADDRESS 2341 S 19th, Lincoln, NE 68502			CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.				
V1/Q	4	LICENSE PLATE PA NO. SHN065	YEAR 2002	MAKE Hyundai	MODEL Accent	BODY STYLE 2 door Sedan	COLOR red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000			
V2/Q	4	VEHICLE ID NO. (VIN)	KMHCG35C32U233343			INSURANCE COMPANY Shelter Mutual					
K	01	TOWED TO	TOWED BY			POLICY NO. 26116779210					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.			
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.			
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.			

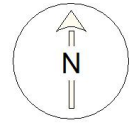
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-086393**



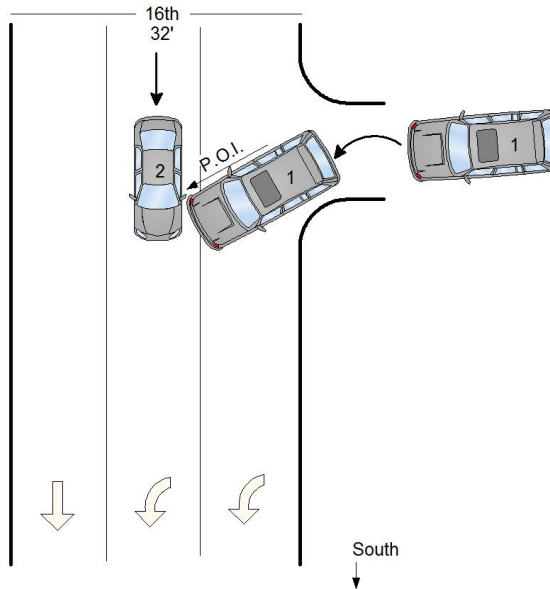
Indicate  
North  
by Arrow



POI: 12' W of E Curb S 16th  
93' N of N Curb South St

Harwood

Diagram Not to Scale  
Measurements Not Exact



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver #1 reported she was exiting the shopping center turning Southbound onto 16th. She turned into the middle lane and did not observe Vehicle #2 Southbound on 16th.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1		X			S 16th										
2		X			S 16th										
1	06	06 Turning left													
2	01	08 Entering traffic lane													
		09 Leaving traffic lane													
		10 Parked													
		11 Slowing or stopped in traffic													
		12 Other													
		13 Unknown													

<b>VEHICLE 1</b> POINT OF IMPACT: 02 MOST DAMAGED AREA: 02	<b>VEHICLE 2</b> POINT OF IMPACT: 07 MOST DAMAGED AREA: 07
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1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown	1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown
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<b>VEHICLE 2</b> 4	<b>VEHICLE 2</b> 2
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00 None 01 Top & windows 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right	06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown
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OFFICER NO. <b>1573</b>	TROOP/ TEAM/ BEAT <b>SE</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Chris Volmer</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Chris Volmer</b>	
DATE OF REPORT <b>09/18/2015</b>			